

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-1901.M2**

**NOTICE OF INDEPENDENT REVIEW DECISION**

December 30, 2002

RE:     MDR Tracking #:       M2-03-0407-01  
       IRO Certificate #:     IRO 4326

The \_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a \_\_\_\_ physician reviewer who is board certified in anesthesiology which is the same specialty as the treating physician. The \_\_\_\_ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 38 year old male sustained a work related injury on \_\_\_\_ when he was unloading an 80 pound box from a truck. A CT lumbar myelogram revealed displaced spinal discs at L3-4, L4-5, and L5-S1. The patient continues to complain of pins and needles sensation radiating down to his buttocks, and into his anterior thigh. The treating physician has recommended that the patient undergo a discogram with CT scan.

Requested Service(s)

Discogram with CT scan.

Decision

It is determined that the discogram with CT scan is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has had pain for over a year despite rehabilitation, non-steroidal anti-inflammatory medications, and epidural steroid injections. A discogram with CT scan is an appropriate work-up to determine if the patient is a candidate for an annuloplasty, laser assisted endoscopy (L.A.S.E.), fusion, or intradiscal electrothermal annuloplasty (IDET) procedure. A discogram/CT can identify patients who might respond to surgical interventions. A discogram CT may also identify patients who are not candidates for surgery so that further surgical or procedurally oriented treatments can be ceased. North American Spine Society guidelines (phase 3) for unremitting low back pain (version 1.0) state: "This finding suggests that a properly performed discogram, combining the findings of both the imaging and provocative tests, can be a helpful procedure in evaluating the role of degenerated and disrupted discs in patients with unremitting low back pain". Discograms are likely to provide highly specific information when:

1. The patient has had pain resistant to conservative care for more than 6 months.
2. Issues of psychosocial dysfunction are not prominent.
3. All degenerated discs and one normal disc are indicated by MRI are injected.
4. Results of the carefully performed imaging and provocative tests are combined.

This patient meets all the above criteria based on the medical record documentation. Therefore, the discogram with CT scan is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

#### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (10) days of your receipt of this decision (20 Tex. Admin. Code 142.5 (c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,

cc: Rosalinda Lopez, Program Administrator, Medical Review Division, TWCC

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 30<sup>th</sup> day of December 2002.